California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

VIRAL HEMORRHAGIC FEVER CASE REPORT

Check one: ☐ Ebola ☐ Lujo ☐ Crimean-Congo hemorrhagic fever
☐ Lassa ☐ Marburg ☐ New World arenavirus (Chapare, Guanarito, Junin, Machupo, Sabia viruses)
☐ Other: _____

Jurisdictions participating in CalREDIE should create a CalREDIE incident and upload the completed form to the Electronic Filing Cabinet. Jurisdictions not participating in CalREDIE should fax the completed form to (916) 552-8973. (Note: Dengue, Yellow Fever, and Hantavirus each have their own case report forms.)

PATIENT INFORMATION

Last Name	*First Name*	*Middle Name*	*Suffix*

Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	
			☐ Years ☐ Months ☐ Days

Address Number & Street – Residence	*Apartment / Unit Number*

City / Town	*State*	*Zip Code*

Census Tract	*County of Residence*	*Country of Residence*

Country of Birth	*If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)*

Home Telephone	*Cellular Phone / Pager*	*Work / School Telephone*

E-mail Address	*Other Electronic Contact Information*

Work / School Location	*Work / School Contact*

Gender
☐ Female ☐ Trans female / transwoman ☐ Genderqueer or non-binary ☐ Unknown
☐ Male ☐ Trans male/ transman ☐ Identity not listed ☐ Declined to answer

Pregnant? ☐ Yes ☐ No ☐ Unknown	*If Yes, Est. Delivery Date (mm/dd/yyyy)*

Medical Record Number	*Patient's Parent/Guardian Name*

Occupation Setting (see list on page 8)	*Other Describe/Specify*

Occupation (see list on page 8)	*Other Describe/Specify*

Primary Language
☐ English
☐ Spanish
☐ Other: _____

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unknown

Race(s)
(check all that apply, race descriptions on page 7)

The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

☐ American Indian or Alaska Native

☐ Asian *(check all that apply, see list on page 7)*
- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other: _____

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander *(check all that apply, see list on page 7)*
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Fijian
- ☐ Tongan
- ☐ Guamanian
- ☐ Other: _____

☐ White

☐ Other: _____

☐ Unknown

ADDITIONAL PATIENT DEMOGRAPHICS

Sex Assigned at Birth
☐ Female ☐ Unknown
☐ Male ☐ Declined to answer

Sexual Orientation
☐ Heterosexual or straight ☐ Questioning, unsure, or patient doesn't know ☐ Declined to answer
☐ Gay, lesbian, or same-gender loving ☐ Orientation not listed ☐ Unknown
☐ Bisexual

First three letters of patient's last name: | | | |

CLINICAL INFORMATION

Physician Name - Last Name	*First Name*	*Telephone Number*

SIGNS AND SYMPTOMS

Symptom Onset Date (mm/dd/yyyy)	*Date First Sought Medical Care (mm/dd/yyyy)*

Signs and Symptoms	Yes	No	Unk	Signs and Symptoms	Yes	No	Unk
Fever *If Yes, highest temperature (specify °F/°C):*_____				Abdominal pain			
Headache				Bleeding not related to injury *If Yes, type of bleeding* ☐ Nose bleed ☐ Black or bloody stool ☐ Vomiting blood ☐ Hemorrhagic or purpuric rash ☐ Coughing up blood ☐ Other: _____			
Maculopapular rash							
Muscle pain (myalgia)							
Joint pain				Pharyngitis (arenavirus only)			
Vomiting				Retrosternal chest pain (arenavirus only)			
Diarrhea				*Other signs / symptoms (specify)*			

HOSPITALIZATION

Did patient visit the emergency room for illness?
☐ Yes ☐ No ☐ Unknown

Was patient hospitalized? ☐ Yes ☐ No ☐ Unknown	*If Yes, how many total hospital nights?*	*During any part of the hospitalization, did the patient stay in an intensive care unit (ICU) or a critical care unit (CCU)?* ☐ Yes ☐ No ☐ Unknown

If there were any ER or hospital stays related to this illness, specify details in the Hospitalization – Details section below.

HOSPITALIZATION – DETAILS

Hospital Name 1	*Street Address*			*Admit Date (mm/dd/yyyy)*	
	City			*Discharge / Transfer Date (mm/dd/yyyy)*	
	State	*Zip Code*	*Telephone Number*	*Medical Record Number*	*Discharge Diagnosis*
Hospital Name 2	*Street Address*			*Admit Date (mm/dd/yyyy)*	
	City			*Discharge / Transfer Date (mm/dd/yyyy)*	
	State	*Zip Code*	*Telephone Number*	*Medical Record Number*	*Discharge Diagnosis*

OUTCOME

Outcome? ☐ Survived ☐ Died ☐ Unknown	*If Survived,* Survived as of _____(mm/dd/yyyy)	
	If Died, Date of Death (mm/dd/yyyy)	*Was death caused by this illness?* ☐ Yes ☐ No ☐ Unknown

First three letters of patient's last name: | | | |

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY (Please submit copies of all labs, including CBCs associated with this illness.)

Type of Virus Detected

☐ Ebola ☐ Crimean-Congo hemorrhagic fever
☐ Lassa ☐ New World arenavirus (Guanarito, Junin, Machupo, Sabia viruses)
☐ Lujo ☐ Other:_____
☐ Marburg

Specimen Type (check all that apply)

☐ Blood, date collected: _____
☐ Tissue, date collected: _____
☐ Other:_____, date collected: _____

Laboratory Name

Telephone Number

Test	Result				
	Detected	Not Detected	Inconclusive	Unsatisfactory	Test Not Done
Polymerase chain reaction (PCR)					
Antigen-capture enzyme-linked immunosorbent assay (ELISA)					
IgM ELISA					
IgG ELISA					
Immunohistochemistry					
Virus isolation					
Other (specify): _____					

ADDITIONAL LABORATORY RESULTS

DID THE PATIENT HAVE ANY OF THE FOLLOWING?

Result	Yes	No	Unk	If Yes, Specify as Noted	
Leukopenia (WBC < 4,000 mm^3)				*Lowest WBC*	
Lymphocytopenia (lymphocytes < 1,000 mm^3)				*Lowest lymphocytes count*	
Thrombocytopenia (platelets <150,000 mm^3)				*Lowest platelet count*	
Proteinuria					
Elevated liver AST / ALT				*Highest AST*	*Highest ALT*
Prolonged prothrombin time (PT)					
Prolonged partial thromboplastin time (PTT or aPTT)					

Other Pathogens Isolated

First three letters of patient's last name: | | | |

EPIDEMIOLOGIC INFORMATION

INCUBATION PERIOD: 2 TO 21 DAYS PRIOR TO ONSET OF ILLNESS

TRAVEL HISTORY

*Did patient travel **outside county of residence** during the **incubation period**?* ☐ Yes ☐ No ☐ Unknown	*If Yes, specify all locations and dates below.*

TRAVEL HISTORY – DETAILS

Travel Type	State	Country	Other location details (city, resort, etc.)	Date Travel Started *(mm/dd/yyyy)*	Date Travel Ended *(mm/dd/yyyy)*
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					
☐ Domestic ☐ Unknown ☐ International					

EXPOSURE / RISK FACTORS

DID THE PATIENT EXPERIENCE ANY OF THE FOLLOWING EXPOSURES DURING THE INCUBATION PERIOD?

Exposure	Yes	No	Unk	If Yes, Provide Additional Details or Specify as Noted	
Contact with a deceased person					
Contact with a primate (e.g., monkey, chimpanzee, etc.)					
Contact with foreign arrival (e.g., visitor, immigrant, adoptee, etc.)					
Contact with blood or body fluids of a confirmed acute case of VHF (within 3 weeks of illness onset date)				*Exposure Type* ☐ Blood ☐ Respiratory secretions ☐ Semen ☐ Other (specify): _____	*Date of Last Contact (mm/dd/yyyy)*
Contact with body fluids of a confirmed convalescent case of VHF (within 10 weeks of illness onset date)				*Exposure Type* ☐ Blood ☐ Respiratory secretions ☐ Semen ☐ Other (specify): _____	*Date of Last Contact (mm/dd/yyyy)*
Possible occupational exposure				*Occupation Type* ☐ Laboratory worker in a facility that handles VHF specimens ☐ Laboratory worker in a facility that handles bats, rodents or primates from endemic areas ☐ Healthcare worker in a facility with VHF patients ☐ Other occupation: _____	*Exposure Date(s) (mm/dd/yyyy)*
Blood transfusion recipient 30 days prior to onset				*Transfusion Date(s) (mm/dd/yyyy)*	
Organ transplant recipient 30 days prior to onset				*Transplant Date(s) (mm/dd/yyyy)*	

In what country did exposure likely occur?

Did the patient donate blood products, organs, or tissue in the 30 days prior to symptom onset? ☐ Yes ☐ No ☐ Unknown	*If Yes, specify:*	*Agency / Location*	*Type of Donation*	*Date(s) (mm/dd/yyyy)*

First three letters of patient's last name: | | | |

CONTACTS / OTHER ILL PERSONS

Any contacts with similar illness (including household contacts)? ☐ Yes ☐ No ☐ Unknown	If Yes, specify details below.

ILL CONTACTS - DETAILS

Name 1	Age	Gender	Telephone Number	Type of Contact / Relationship	Date of Contact (mm/dd/yyyy)
	Street Address			Exposure Event	Illness Onset Date (mm/dd/yyyy)
	City	State	Zip Code	Date First Reported to Public Health (mm/dd/yyyy)	
Name 2	Age	Gender	Telephone Number	Type of Contact / Relationship	Date of Contact (mm/dd/yyyy)
	Street Address			Exposure Event	Illness Onset Date (mm/dd/yyyy)
	City	State	Zip Code	Date First Reported to Public Health (mm/dd/yyyy)	

NOTES / REMARKS

REPORTING AGENCY

Investigator Name	Local Health Jurisdiction	Telephone Number	Date (mm/dd/yyyy)
First Reported By ☐ Clinician ☐ Laboratory ☐ Other (specify):_____		Health education provided? ☐ Yes ☐ No ☐ Unknown	Restriction / clearance needed? ☐ Yes ☐ No ☐ Unknown

EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case? ☐ Yes ☐ No ☐ Unknown	Contact Name / Case Number

DISEASE CASE CLASSIFICATION

Case Classification (see case definition on page 6)
☐ Confirmed ☐ Suspected ☐ Not a case

OUTBREAK

Part of known outbreak? ☐ Yes ☐ No ☐ Unknown	If Yes, extent of outbreak: ☐ One CA jurisdiction ☐ Multiple CA jurisdictions ☐ Multistate ☐ International ☐ Unknown ☐ Other (specify):_____

STATE USE ONLY

State Case Classification
☐ Confirmed ☐ Suspected ☐ Not a case ☐ Need additional information

First three letters of patient's last name: | | | |

CASE DEFINITION

VIRAL HEMORRHAGIC FEVER (2022)

SUBTYPE(S)

- Crimean-Congo hemorrhagic fever virus
- Ebola virus
- Lassa virus
- Lujo virus
- Marburg virus
- New World arenavirus – Chapare virus
- New World Arenavirus – Guanarito virus
- New World Arenavirus – Junin virus
- New World Arenavirus – Machupo virus
- New World Arenavirus – Sabia virus

BACKGROUND

Viral hemorrhagic fevers (VHFs) refer to a group of illnesses that are caused by several families of viruses, including filoviruses (Ebola and Marburg viruses), Old World arenaviruses (Lassa and Lujo viruses), New World arenaviruses (e.g. Guanarito, Machupo, Junin, Sabia, and Chapare viruses), and Crimean Congo hemorrhagic fever virus. The Council of State and Territorial Epidemiologists (CSTE) position statement 21-ID-04 made three key updates to the previous 10-ID-19 position statement on VHFs: 1) modified the definition for fever from ≥40ºC to ≥38ºC/100.4ºF, 2) added Chapare virus, a re-emerging New World arenavirus, to those reportable under position statement 21-ID-04, and 3) amended the epidemiologic linkage criteria for exposure within the past 3 weeks to semen from a confirmed acute or clinically recovered case of VHF to remove the stipulated time period of exposure within 10 weeks of the VHF case's onset of illness.

CLINICAL CRITERIA

An illness with acute onset of:

- Fever ≥38ºC/100.4ºF

  AND
- One or more of the following clinical findings:
  - severe headache
  - muscle pain
  - erythematous maculopapular rash on the trunk with fine desquamation 3–4 days after rash onset
  - vomiting
  - diarrhea
  - abdominal pain
  - bleeding not related to injury
  - thrombocytopenia
  - pharyngitis (Arenavirus only)
  - proteinuria (Arenavirus only)
  - retrosternal chest pain (Arenavirus only)

LABORATORY CRITERIA

Any one of the following:

- Detection of VHF* viral antigens in blood by enzyme-linked immunosorbent assay (ELISA)
- VHF viral isolation in cell culture for blood or tissues
- Detection of VHF-specific genetic sequence by reverse transcription-polymerase chain reaction (RT-PCR) from blood or tissues
- Detection of VHF viral antigens in tissues by immunohistochemistry

**VHF refers to viral hemorrhagic fever caused by filoviruses (Ebola virus, Marburg virus), Old World arenaviruses (Lassa and Lujo viruses), New World arenaviruses (Guanarito, Machupo, Junin, Sabia, and Chapare viruses), or viruses in the Bunyaviridae family (Rift valley fever virus, Crimean-Congo hemorrhagic fever virus). Rift valley fever is not currently a national notifiable condition.*

EPIDEMIOLOGIC LINKAGE

One or more of the following exposures **within the 3 weeks before onset of symptoms**:

- Contact with blood or other body fluids of a patient with VHF
- Residence in—or travel to—a VHF endemic area or area with active transmission
- Work in a laboratory that handles VHF specimens
- Work in a laboratory that handles bats, rodents, or primates from a VHF endemic area or area with active transmission
- Sexual exposure to semen from a confirmed acute or clinically recovered case of VHF

(continued on page 7)

First three letters of patient's last name: | | | |

CASE DEFINITION (continued)

CRITERIA TO DISTINGUISH A NEW CASE FROM AN EXISTING CASE

A new case of VHF should be enumerated only if not previously counted as a case of VHF caused by the same virus as determined by laboratory evidence.*

**Among the VHFs included in CSTE position statement 21-ID-04, reinfection with the same virus species has not been documented. There is a theoretical possibility that a VHF (ex. Ebola) survivor could be infected by a virus that causes one of the other VHFs included in CSTE position statement 21-ID-04 (ex. Lassa fever, Crimean-Congo hemorrhagic fever, etc.).*

CASE CLASSIFICATION

Suspect

Meets clinical criteria AND epidemiologic linkage criteria

Confirmed

Meets laboratory criteria

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS

- Bangladeshi
- Bhutanese
- Burmese
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian
- Indonesian
- Iwo Jiman
- Japanese
- Korean
- Laotian
- Madagascar
- Malaysian
- Maldivian
- Nepalese
- Okinawan
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS

- Carolinian
- Chamorro
- Chuukese
- Fijian
- Guamanian
- Kiribati
- Kosraean
- Mariana Islander
- Marshallese
- Melanesian
- Micronesian
- Native Hawaiian
- New Hebrides
- Palauan
- Papua New Guinean
- Pohnpeian
- Polynesian
- Saipanese
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Yapese

First three letters of patient's last name: | | | |

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - waiter or waitress
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - registered nurse
- Medical - other/unknown
- Military - officer
- Military - recruit or trainee
- Protective service - police officer
- Protective service - other
- Professional, technical, or related profession
- Retired
- Sex worker
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high (secondary) school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high (secondary) school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Other
- Refused
- Unknown